

Case Number:	CM15-0120084		
Date Assigned:	06/30/2015	Date of Injury:	07/18/1999
Decision Date:	08/05/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who sustained an industrial injury on July 18, 1999. She has reported pain to the lower back and has been diagnosed with sacroiliitis not elsewhere classified, thoracic/lumbosacral neuritis/radiculitis unspecified, and other symptoms referable to back. Treatment has included medications and an intrathecal pump. Pain to the back was rated 8/10. The left shoulder pain was rated an 8/10. Straight leg raise on the left was at 75 degrees. Low back range of motion was flexion at 30 degrees, extension was at 19 degrees, lateral rotation to the right was at 15 degrees and to the left was at 16 degrees. Left pump catheter site was clean and dry with no evidence of seroma formation or infection. The treatment request included intrathecal pump PRIALT 100 mcg/ml # 5 ml.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Intrathecal pump PRIALT 100 mcg/mL #5 ML(added to pain pump): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ziconotide (Prialt) Page(s): 126.

Decision rationale: The patient presents with pain to the lower back and diagnoses of sacroiliitis, thoracic/lumbosacral neuritis/radiculitis and other symptoms referable to back. Pain to the back was rated 8/10. Left shoulder pain was rated an 8/10. The current request is for Intrathecal pump PRIALT 100 mcg/ml #5 ML (added to pain pump). Prialt is a non-narcotic pain reliever that works by blocking pain signals from the nerves to the brain. The treating physician states in the 7/1/15 (5B) treating report that, "Request authorization for Prialt 500mcg/5ml vial. Prialt to be added to patient's intrathecal formula at next fill. DX: Lumbar Facet Syndrome and Lumbar Radiculitis (denied)." MTUS Guidelines state, "Recommended for use after there is evidence of a failure of a trial of intrathecal morphine or hydromorphone (Dilaudid), and only in individuals for whom the potential benefits outweigh the risks of serious neuropsychiatric adverse effects. Ziconotide (Prialt) is a synthetic calcium channel blocker that is delivered intrathecally, offering a non-opioid option for treatment of chronic pain, and possibly, spasticity associated with spinal cord trauma. It is FDA-approved for the management of severe chronic pain in patients for whom intrathecal therapy is warranted and who are intolerant of other treatments, such as systemic analgesics, adjunctive therapies. This medication is meant to be an option for patients who are intolerant and/or refractory to intrathecal morphine." In this case, the treating physician states in the 7/1/15 (5B) treating report that, "Her pain gets better by taking medications and resting." She denies any side effects at this point in time." The clinical history does not document that the patient is intolerant and/or refractory to intrathecal morphine or hydromorphone. The current request is not medically necessary.